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**FROM: Paolo Giacomoni** PHONE: (631)-531-1238  
Fax: (631)-531-1340

**RE:**

In re Application of: Giacomoni, et al.

Serial No.:10/613,805 Group Art Unit: 3711

Filed: July 7, 2003 Examiner: CHIU, R.

For: Concave Playing Surfaces

Number of pages including cover sheet: 8

Message: Confirmation of this fax is requested.

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PTO/SB/21 (02-04)

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TRANSMITTAL  
FORM

(To be used for all correspondence after initial filing)

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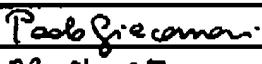
8

Application Number	10/613,805
Filing Date	July 7, 2003
First Named Inventor	Giacomoni
Art Unit	3711
Examiner Name	CHIU, R.

Attorney Docket Number

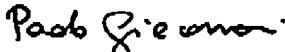
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Fax Cover Letter
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Paolo Giacomoni	
Signature		
Date	02-04-05	

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Paolo Giacomoni	
Signature		Date 02-04-05

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PTO/SB/17 (10-03)

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# FEE TRANSMITTAL

## for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$0)

## Complete if Known

Application Number	10/613,805
Filing Date	July 7, 2003
First Named Inventor	Giacomoni
Examiner Name	CHIU, R.
Art Unit	3711
Attorney Docket No.	

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  Other  None
 Deposit Account:

Deposit Account Number

Deposit Account Name

The Director is authorized to: (check all that apply)

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Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee
1002	340	2002	170	Design filing fee
1003	530	2003	265	Plant filing fee
1004	770	2004	385	Reissue filing fee
1005	160	2005	80	Provisional filing fee
SUBTOTAL (1) (\$)				

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	19	-20** = 0	X	= 0
Independent Claims	1	- 3** = 0	X	= 0
Multiple Dependent				

Large Entity	Small Entity	Fee Description
1202	18	2202 9 Claims in excess of 20
1201	85	2201 43 Independent claims in excess of 3
1203	290	2203 145 Multiple dependent claim, if not paid
1204	88	2204 43 ** Reissue independent claims over original patent
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$0)		

\*\*or number previously paid, if greater. For Reissues, see above

## FEE CALCULATION (continued)

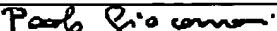
## 3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051	130	2051 65 Surcharge - late filing fee or oath	
1052	50	2052 25 Surcharge - late provisional filing fee or cover sheet	
1053	130	1053 130 Non-English specification	
1812	2,520	1812 2,520 For filing a request for ex parte reexamination	
1804	920*	1804 920* Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805 1,840* Requesting publication of SIR after Examiner action	
1251	110	2251 55 Extension for reply within first month	
1252	420	2252 210 Extension for reply within second month	
1253	950	2253 475 Extension for reply within third month	
1254	1,480	2254 740 Extension for reply within fourth month	
1255	2,010	2255 1,005 Extension for reply within fifth month	
1401	330	2401 165 Notice of Appeal	
1402	330	2402 165 Filing a brief in support of an appeal	
1403	290	2403 145 Request for oral hearing	
1451	1,510	1451 1,510 Petition to institute a public use proceeding	
1452	110	2452 55 Petition to revive - unavoidable	
1453	1,350	2453 655 Petition to revive - unintentional	
1501	1,350	2501 655 Utility issue fee (or reissue)	
1502	480	2502 240 Design issue fee	
1503	640	2503 320 Plant issue fee	
1460	130	1460 130 Petitions to the Commissioner	
1807	50	1807 50 Processing fee under 37 CFR 1.17(q)	
1806	180	1806 180 Submission of Information Disclosure Stmt	
8021	40	8021 40 Recording each patent assignment per property (times number of properties)	
1809	770	2809 385 Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810 385 For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801 385 Request for Continued Examination (RCE)	
1802	900	1802 900 Request for expedited examination of a design application	
Other fee (specify)			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$0)	

## SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Paolo Giacomoni	Registration No. (Attorney/Agent)		Telephone	631-531-1238
Signature			Date	02-04-05	

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Giacomoni, et al.

Serial No.: 10/613,805      Group Art Unit: 3711

Filed: July 7, 2003      Examiner: CHIU, R.

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CENTRAL FAX CENTER  
FEB 07 2005**

For: Concave Playing Surfaces

**Response Pursuant To 37 C.F.R. 1.116**

Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450  
Fax: 703-872-9302

Sir:

In response to the final Office Action dated November 22, 2004, please enter the following amendments and remarks which are believed to place the application in a condition for allowance. The only amendments made are those suggested by the Examiner.